

TLE WORKSHEET

NAME: _____ RANK: _____ SSN: _____ RUC: _____

"I certify that temporary lodging was used from _____ to _____ and I also certify that if I used commercial lodging that government lodging was not available for use."

Name of temporary lodging facility _____

City, state, and ZIP code _____

Phone number with area code _____

Date: (YYMMDD)	LODGING COST INCLUDING TAXES	# OF DEPENDENTS OCCUPYING TLF	
		Over 12 years old	Under 12 years old
	\$		
	\$		
	\$		
	\$		
	\$		

I certify that the above information is correct.

Signature

Date

DISBURSING OFFICE USE ONLY

Area Rate: 1)City/State _____ Max Lodging _____ M&IE _____

1. Determine maximum rates (given percentage x locality rate) _____ M&IE Rate _____ Lodging	_____ % x _____ = _____
2. Compare actual lodging costs (including taxes) to the Step 1 maximum lodging rate. <u>Use the lesser.</u>	\$ _____ vs. _____ Amount to be paid: \$ _____
Add the Step 1 M&IE to the select Step 2 lodging cost.	\$ _____ + \$ _____ = \$ _____
Compare \$180.00 with the Step 3 amount and pay the lesser amount for each day. Pay \$ _____ per day.	\$180.00 vs. \$ _____ \$ _____ x _____ days = \$ _____

Occupancy percentages:

Member or 1 dependent
 Member and 1 dependent, or 2 dependents only
 For each additional dependent 12 and over, add:
 For each additional dependent 12 and under, add:

65%
 100%
 35%
 25%